



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

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DRAFT

Regional Trauma and Emergency Healthcare Advisory Council (RAC) Self-Assessment Scoring Tool

The Regional Trauma and Emergency Health Care System must complete this self-assessment with stakeholder participation. This tool is designed to standardize the annual assessment for the regional advisory councils in Texas. The regional trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system must continually work to improve the delivery of care and outcomes through partnerships with public, private, and voluntary sectors. The system plan needs to ensure all populations across Texas receive the benefits of a coordinated system of care. The regional system should strive for an inclusive (all healthcare facilities and all prehospital provider participation) system, including the integration of rural and remote healthcare providers.

Please use the following criteria to assess your region’s progress in system development.

| Score | Progress Scoring |
|-------|---|
| 0 | Not known |
| 1 | Elements not Documented |
| 2 | Elements Documented with On-going Needs (Minimal requirements not met and needs improvement.) |
| 3 | Basic Regional System in Place (Meets minimal requirements with opportunities for improvement.) |
| 4 | Advanced Regional System (Meets and exceeds requirements with some opportunities for improvement.) |
| 5 | Best Practice Regional System (Meets and exceeds the minimum requirements.) |

The region must address all elements of the self-assessment and achieve a minimum score of 3 for each element. If a score of 3 is not achieved, the RAC must develop an action plan to accomplish a minimal score of 3 over the next twelve months. A score of 4 demonstrates the region is meeting and exceeding the minimum requirements but can continue to improve. If a score of 5 is reached, the RAC is considered a best-practice model for this element and should consider sharing its practices with other regional, state, and national stakeholders. The RAC has the opportunity to reach out to local academic institutions and partner with students needing capstone projects to assist in completing the regional self-assessment.

Instructions for Completion of the Self-Assessment

1. The Regional Trauma and Emergency Healthcare Advisory Council (RAC) Self-Assessment Tool is designed to be completed with the regional stakeholders and the RAC staff.
2. The RAC Executive Director or Chair will assign specific sections to the various committees for review and completion.
3. The RAC leaders, stakeholders, and committee members review the current RAC activities and documents, including procedures, protocols, guidelines, and the website, to score the specific elements.
4. If the specific elements do not fit into a defined committee, the elements will be scored by the RAC board after reviewing the RAC activities and documents, including procedures, protocols, guidelines, and the website.
5. The RAC will complete an assessment of all elements and assign a score.
6. Once all the elements have been assessed and scored, the RAC leaders, stakeholders, and committee members will identify those elements that have a score less than 3.
7. The RAC leaders will assign those elements with an assessment score of less than 3 to the various committees to develop an action plan to move the assessment score of 1 or 2 to a 3.
8. Assessment elements that do not align with the various committees and have an assessment score less than 3 will have their action plan developed by the RAC board.
9. All action plans must follow the “SMART” goal format: *Specific, Measurable, Attainable, Relevant, and Timebound*.
10. Assessment elements with a score of 5 are identified as “best practice” models.
11. The RAC leaders, stakeholders, and committees will develop a paper, PowerPoint, Ted-Talk, YouTube, or other process to share the best practices with other RACs at the RAC Executive Director/Chair meeting, EMS Conference, or other forum within the next twelve months.
12. The completed self-assessment scoring tool, action plans, and best practice model sharing modalities documents are included in the regional system plan revisions and the RAC’s annual report.

| Indicator | Scoring | | |
|---|---|---|---|
| <p>1. EPIDEMIOLOGY</p> <p>There is a thorough description of the epidemiology of prehospital, trauma, pediatric (birth to 15), geriatric (65 and older) perinatal, stroke, cardiac, and emergency healthcare incidence of prehospital transport, hospital admissions, and mortality in the regional population-based data, to include data specific to urban and rural data, and diverse populations to assist in defining regional priorities.</p> <p>[This epidemiological assessment includes the incidence of EMS runs per county in the RAC for a complete 12-month period. The number of stroke admissions, trauma admissions, maternal admissions, and neonatal admissions at designated facilities during the same 12-month period is utilized for the epidemiological assessment. The number of cardiac admissions at the participating hospitals is integrated into the 12-month assessment. This data can be separated out to demonstrate the activity in the urban and rural (county population of 30,000 or less). This information is reflected in the age breakdown of birth to 1 year of age, 1 to 5, 6-14, 15-18, 19-25, 26 – 64, 65 – 84, 85 +.]</p> | <p>0. Not Known</p> <p>1. There is no data description of the epidemiology of prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare incidence of prehospital transport, hospital admission, mortality in the region.</p> <p>2. Reported admissions and mortality data have been used to describe the statewide incidence of prehospital transports, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare deaths, aggregating all etiologies, but no regional data is available.</p> <p>3. The RAC has access to the minimal data sets established to develop an epidemiology history of the incidence of prehospital transport, hospital admissions, and mortality for trauma, pediatric, geriatric, perinatal, stroke, and cardiac disease.</p> <p>4. In addition to #3, mortality data is aggregated in a confidential process by reporting entities and shared with specific RAC committees.</p> <p>5. In addition to #4, stakeholders use the data to develop strategies and prioritize needs for the rural and urban areas, including measures for diverse populations, to define key initiatives, prevention, and awareness programs.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action M – Must be measurable A – Actions must be attainable and designed to improve processes R – Relevant to the goals of the RAC T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring |
|--|---|
| <p>2. EPIDEMIOLOGY-Surveillance</p> <p>There is an established regional prehospital, trauma, pediatric, geriatric, stroke, and cardiac surveillance process that can, in part, be used to support performance measures.</p> <p>[The regional system collects and integrates data from multiple resources, including state data, regional data systems, EMS data systems, hospital data systems, available public health data systems, and medical examiner data.]</p> | <div><div><div>0. Not known</div><div>1. There is no established region-wide prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and disease surveillance process.</div><div>2. There is a regional prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and time-sensitive data collection process, but not all hospitals in the service area contribute to the database.</div><div>3. There is a regional prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, cardiac, and time-sensitive data initiative with all designated hospitals in the region contributing data for the incidence of prehospital transports, hospital admissions, and mortality only.</div><div>4. In addition to #3, the hospital data is used in conjunction with the EMS data system or hospital discharge data.</div><div>5. In addition to #4, the regional data is accessible electronically and has consistent data definitions, with the identified EMS wristband identifier and processes in place to support report writing. The data supports prevention strategies, coalition building, public awareness, surveillance, and performance improvement with stakeholder input to define priorities and initiatives. Processes for sharing and linkage of data exist between EMS systems, public health systems, and the trauma and emergency health care system participants with this data being used to monitor, investigate, and diagnose regional community health risks.</div></div><div><div>Score: _____</div><div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div><div>S – Specific details of the action</div><div>M – Must be measurable</div><div>A – Actions must be attainable and designed to improve processes</div><div>R – Relevant to the goals of the RAC</div><div>T – Must have a time defined to reach the goals</div><div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div></div><div><div><input type="checkbox"/> Corrective Action Plan or</div><div><input type="checkbox"/> Sharing the “Best Practice”</div></div></div> |

| Indicator | Scoring |
|---|--|
| <p>3. REGIONAL LEADERSHIP</p> <p>The regional advisory council leadership, in collaboration with its members, prepares and disseminates an annual report reflecting the activities, successes, and challenges encountered by the RAC. The annual report can be written, electronic, in newsletter format, or as a formal document.</p> | <div><div><div>0. Not known</div><div>1. No regional annual report is available.</div><div>2. Annual reports are developed by the RAC leadership.</div><div>3. Annual reports are developed in collaboration between the RAC leaders, RAC committees, and RAC members and then disseminated to the general members of the RAC.</div><div>4. In addition to #3, the strategic accomplishments, injury and disease outcomes, and challenges encountered are included in the annual report, and it is disseminated to all RAC stakeholders and members.</div><div>5. In addition to #4, the annual report is shared with regional coalitions, partner organizations, public health, local government entities, and the department.</div></div><div><div>Score: _____</div><div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div><div>S – Specific details of the action</div><div>M – Must be measurable</div><div>A – Actions must be attainable and designed to improve processes</div><div>R – Relevant to the goals of the RAC</div><div>T – Must have a time defined to reach the goals</div><div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div></div><div><div><input type="checkbox"/> Corrective Action Plan or</div><div><input type="checkbox"/> Sharing the “Best Practice”</div></div></div> |

| Indicator | Scoring | | |
|--|--|--|---|
| <p>4. SYSTEM PLAN</p> <p>A regional prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency health care system plan is in place and is based on analysis of the regional demographics and assessments and provides opportunities for collaborative stakeholder participation. The regional plan reflects the regional activities specific to each of the self-assessment criteria.</p> | <p>0. Not known</p> <p>1. A documented, outdated regional trauma and emergency health care system plan exists.</p> <p>2. The RAC leadership is developing/revising a regional prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency health care system plan without reference to the regional demographics, resource assessments, data analyses, and regional stakeholder participation.</p> <p>3. The RAC leadership, committees, and stakeholders are actively revising the regional prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency health care system plan based on regional demographics, resource assessments, data analyses, that aligns with the defined RAC criteria.</p> <p>4. In addition to #3, the RAC identifies system priorities and timelines and integrates public health into the revisions of the system plan.</p> <p>5. In addition to #4, the emergency preparedness plans are integrated into the system plan. The plan and quarterly performance improvement data are shared with regional stakeholders, the business community, public health, local elected officials, and the department.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring |
|--|---|
| <p>5. SYSTEM PLAN</p> <p>The regional trauma and emergency health care system plan clearly describes how the regional stakeholders will implement and manage the defined criteria and contract requirements to ensure there is documentation that the elements of the performance criteria are met with documented data analysis.</p> | <div><div><div>0. Not known</div><div>1. An outdated regional trauma and emergency health care system plan is posted on the website.</div><div>2. The regional trauma and emergency health care system plan does not address or incorporate the regional trauma and emergency health care system criteria or the contract requirements.</div><div>3. The regional trauma and emergency health care system plan defines the elements to the RAC performance criteria and contract requirements are met to include data related to each of the elements as appropriate.</div><div>4. In addition to #3, the system plan objectives are monitored and analyzed quarterly and annually, then shared with regional stakeholders.</div><div>5. In addition to #4, the regional data is included in the RAC annual report reflecting the system’s performance and outcomes and posted on the regional public website, then shared with public health, local officials, the business community stakeholders, and the department.</div></div><div><div>Score: _____</div><div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div><div>S – Specific details of the action</div><div>M – Must be measurable</div><div>A – Actions must be attainable and designed to improve processes</div><div>R – Relevant to the goals of the RAC</div><div>T – Must have a time defined to reach the goals</div><div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div></div><div><div><input type="checkbox"/> Corrective Action Plan or</div><div><input type="checkbox"/> Sharing the “Best Practice”</div></div></div> |

| Indicator | Scoring | | |
|---|--|--|---|
| <p>6. SYSTEM PLAN</p> <p>The trauma and emergency health care system plan has defined methods of assisting in sharing the regional and state all-hazard emergency response and preparedness plans with stakeholders.</p> | <ol style="list-style-type: none"> 0. Not known 1. There is no evidence that the regional trauma and emergency health care system plan has defined processes to assist in sharing the regional and state all-hazard emergency response preparedness plans. 2. There is an established regional trauma and emergency health care system plan, but there is no linkage or assistance from the region that addresses the sharing of the regional or state all-hazard emergency response and preparedness plans. 3. The regional trauma and emergency health care system plan addresses the regional role in assisting in sharing the regional health care coalition all-hazard emergency response and preparedness plan with stakeholders. 4. In addition to #3, RAC leaders foster regional stakeholder integration when exercising planning and public health initiatives. 5. In addition to #4, regional stakeholders have opportunities to integrate with the regional medical operation center through an inclusive process and participate in all response after-reviews. | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring | | |
|---|--|--|---|
| <h3>7. SYSTEM PLAN</h3> <p>As new evidence-based guidelines and standards of care are developed, the regional system develops processes to review the documents and define if an implementation plan is needed to ensure all stakeholders have an opportunity to attend an educational overview of the guideline and are knowledgeable of the new practice guideline prior to their implementation, including any elements that will be integrated into the system performance improvement process.</p> | <div><div>0. Not known</div><div>1. A structured process for evaluating new evidence-based practice guidelines or standards-of-care for implementation with the regional stakeholders does not exist.</div><div>2. A structured mechanism is in place to inform regional stakeholders of new evidence-based guidelines for implementation in the region but does not define how it will be integrated regionally.</div><div>3. A structured mechanism is in place to inform the regional stakeholders of new evidence-based guidelines and standards of care for evaluation, including processes for implementation of the guidelines for the regional system. In addition to #3, RAC leaders foster regional stakeholder integration when exercising planning and public health initiatives.</div><div>4. In addition to #3, the guidelines are integrated into the system performance improvement process.</div><div>5. In addition to #4, the plan includes the system capabilities to be collected, monitored, and analyzed, including when reports reflecting the compliance and outcomes of the guideline or standard are shared with the regional stakeholders and included in the annual report.</div></div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

| Indicator | Scoring |
|--|--|
| <p>8. SYSTEM PLAN</p> <p>The regional trauma and emergency health care system plan includes the identification of resources (both staffing and equipment) necessary to respond to system needs.</p> | <div><div><div>0. Not known</div><div>1. The regional trauma and emergency healthcare system plan does not include processes to assist in the identification of additional resources.</div><div>2. The regional trauma and emergency health care system plan addresses system needs but does not have measures to assist in identifying additional resource needs for all areas of the region.</div><div>3. The regional trauma and emergency health care system plan identifies both equipment and staffing resources available currently and can assist in identifying when additional resources are needed.</div><div>4. In addition to #3, this monitoring of equipment and resources includes all geographic areas of the region for continual operations. (Example: pediatric transport capabilities in the very rural areas of the region are needed.)</div><div>5. In addition to #4, the regional leaders and stakeholders collectively work on strategies to address the additional resource needs and share the strategies with the regional stakeholders, public health, local officials, local business community stakeholders, and the department.</div></div><div><div>Score: _____</div><div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div><div>S – Specific details of the action</div><div>M – Must be measurable</div><div>A – Actions must be attainable and designed to improve processes</div><div>R – Relevant to the goals of the RAC</div><div>T – Must have a time defined to reach the goals</div><div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measure to share these practices.</div></div><div><div><input type="checkbox"/> Corrective Action Plan or</div><div><input type="checkbox"/> Sharing the “Best Practice”</div></div></div> |

| Indicator | Scoring | | |
|--|---|--|---|
| <p>9. SYSTEM PLAN</p> <p>As part of the established standards, the region has defined the levels of training for all stakeholders who routinely participate in system performance improvement activities.</p> | <p>0. Not known</p> <p>1. Performance improvement training standards for stakeholders and physicians who routinely participate in regional performance improvement activities are not defined.</p> <p>2. There are opportunities for stakeholders and physicians to attend performance improvement education, but regional standards are not defined for participation in the system performance improvement process.</p> <p>3. Regional educational standards for stakeholders and physicians who routinely participate in the system performance improvement activities are defined.</p> <p>4. In addition to #3, education for system performance improvement participation in the region is fostered.</p> <p>5. In addition to #4, the region has processes in place to foster new stakeholder participation in the system performance improvement activities that have completed the training.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring | | |
|--|---|--|---|
| <p>10. SYSTEM INTEGRATION</p> <p>The RAC utilizes the recommendations from the prehospital, trauma, pediatric, geriatric, perinatal, stroke, and cardiac medical directors, and medical advisory process collaboration to foster the integration of the specialty physician needs for the regional trauma and emergency health care system.</p> | <ul style="list-style-type: none">0. Not known1. Medical oversight for the region is not defined.2. Regional medical advisory collaboration that fosters the specialty needs within the regional trauma and emergency health care system is not in place.3. The region has a defined structure to ensure medical oversight advisory responsibilities for trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare needs in the region are established.4. In addition to #3, there are guidelines established for field triage and destination criteria, regional standards of care and evidence-based practice, hospital communication, EMS time-out during patient hand-off at the hospital, and transfer coordination. The region routinely evaluates compliance with established regional standards of care through its performance improvement processes.5. In addition to #4, the system stakeholders are included in the development of medical advisory guidelines. Performance improvement monitoring and outcomes are shared with stakeholders, public health, local officials, business community stakeholders, and the department. | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring | | |
|---|--|--|---|
| <p>11. SYSTEM INTEGRATION</p> <p>There is a clearly defined, cooperative, and ongoing relationship between the prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and emergency healthcare system specialty physician leaders.</p> | <p>0. Not known</p> <p>1. There is little evidence of physician integration into the regional care system.</p> <p>2. There is no formally established, ongoing relationship between the trauma, prehospital, perinatal, stroke, cardiac, and emergency healthcare system medical directors; there is no evidence of informal efforts to cooperate and communicate.</p> <p>3. There are established and ongoing relationships between the trauma, prehospital, perinatal, stroke, cardiac, and other emergency healthcare system medical directors established through the medical advisory structure outlined in the bylaws, with minimal integration of specialty services such as neurosurgeons, neurologists, orthopedic surgeons, intensivists, behavioral health providers, and rehabilitation physicians to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region.</p> <p>4. In addition to #3, some specialty services are integrated to develop specific guidelines. This medical advisory structure outlined in the bylaws may be utilized to review cases referred to the performance improvement committees as necessary.</p> <p>5. In addition to #4, strong integration of specialty services such as pediatric physicians, geriatricians, neurosurgeons, neurologist, orthopedic surgeons, intensivists, infectious disease physicians, behavioral health providers, and rehabilitation physicians to assist in defining regional guidelines and evidence-based practice guidelines for patients served by the region when needed. Specialty service physicians are integrated into the development of specific guidelines of their specialty. This includes the integration of advanced practice providers.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

| Indicator | Scoring |
|--|---|
| <p>12. SYSTEM INTEGRATION</p> <p>The regional trauma and emergency health care system plan integrates the designated trauma, pediatric, perinatal, stroke, and non-designated chest pain Centers and pediatric facilities with other acute care facilities, extended care facilities, rehabilitation facilities, and prehospital providers into the various regional committees. This includes facilities for specialty care such as burn care.</p> | <div> <div> <p>0. Not known</p> <p>1. The regional trauma and emergency health care system plan does not include the region’s designated facilities or prehospital providers.</p> <p>2. There is a regional trauma and emergency health care system plan that integrates all designated facilities and prehospital providers but does not include others.</p> <p>3. The regional trauma and emergency health care system plan integrates the designated trauma, pediatric, perinatal, stroke, and non-designated cardiac chest-pain centers and pediatric facilities with other non-designated acute care facilities, extended care facilities, and rehabilitation facilities as well as all 911 prehospital providers from the urban, suburban, and rural communities into the various regional committees and identified projects.</p> <p>4. In addition to #3, defined roles, responsibilities, and expectations of participation in the regional committees are outlined in the regional bylaws.</p> <p>5. In addition to #4, the committee outcomes are monitored, analyzed, and shared with the regional stakeholders, public health, local officials, the business community, and the department.</p> </div> <div> <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> </div> <div> <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> </div> </div> |

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| <p>13. BUSINESS/FINANCE</p> <p>The RAC leaders provide the general membership meetings with a financial report, which includes funds expended, planned expenditures, remaining balances of funding for RAC operations, and the funding allocated to specific projects related to the development and advances in the regional trauma and emergency healthcare system.</p> | <p>0. Not known</p> <p>1. No RAC operational budgets or regional financial reports are shared with the RAC stakeholders.</p> <p>2. The RAC operational budget to support the regional trauma and emergency healthcare system is limited. There is no evidence of budget reports being shared with the general membership.</p> <p>3. The RAC operational budget and the regional trauma and emergency healthcare system funds allocations and priorities are shared with the general membership.</p> <p>4. In addition to #3, all financial audit findings are shared with the finance committee members and Board with appropriate action plans as necessary.</p> <p>5. In addition to #4, RAC stakeholders have an opportunity to provide input and recommendations for the annual financial decisions before the final approval of the budget.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <div>14. PREHOSPITAL</div> <div>There is a regional understanding of the legal authority and responsibility of the EMS provider medical director. The RAC integrates this authority into the regional trauma and emergency health care system adopted guidelines.</div> | <div>0. Not known</div> <div>1. There is no relationship between the EMS medical directors and the regional prehospital protocols.</div> <div>2. There are EMS medical directors; however, the individuals have no specific time allocated to support the regional medical advisory activities.</div> <div>3. The regional plan defines an EMS medical director committee or an appropriate EMS medical advisory process with a written charge and responsibilities identified in the bylaws. This EMS advisory process is responsible for the regional prehospital guidelines and defining the prehospital performance improvement elements of review.</div> <div>4. In addition to #3, this process is written in the regional bylaws and functions.</div> <div>5. In addition to #4, there are written guidelines with evidence-based practice implemented, which are monitored through the regional performance improvement process. These performance improvement reports are reviewed by the EMS medical advisory process to identify trends and opportunities for improvement, then shared in the regional annual report with regional stakeholders, local officials, and the business community stakeholders.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <p>15. PREHOSPITAL</p> <p>The regional trauma and emergency health care system EMS Medical Director Committee or process is actively involved with the local and state advisory council initiatives focusing on the development, implementation, and ongoing evaluation of prehospital system guidelines. These guidelines include, but are not limited to, which resources to dispatch, such as Advanced Life Support (ALS) versus Basic Life Support (BLS), air-ground coordination, early notification of the health care facility, pre-arrival instructions, and other procedures necessary.</p> | <p>0. Not known</p> <p>1. There are no regional trauma and emergency health care system-recommended prehospital protocols.</p> <p>2. Regional trauma and emergency health care system protocols have been developed but without regard to the national standards.</p> <p>3. Regional trauma and emergency health care system guidelines have been developed and adopted and are congruent with national standards, but there is no evidence of a coordinated implementation process with the regional prehospital providers and other stakeholders.</p> <p>4. In addition to #3, a documented regional implementation plan that includes the regional prehospital providers and other stakeholders with minimal outcome data.</p> <p>5. In addition to #4, these guidelines are integrated with the system performance improvement process to evaluate compliance with the guidelines and outcome data.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <div>16. PREHOSPITAL</div> <div>There are recommended regional prehospital triage criteria to establish appropriate destination and transport of patients with acute trauma, pediatric, geriatric, perinatal, stroke, cardiac, or other time-sensitive disease processes. Prehospital triage criteria are regularly evaluated by the regional medical advisory committee/process, prehospital providers, and designated facilities to identify system gaps.</div> | <div>0. Not known</div> <div>1. There are no recommended regional prehospital triage criteria to ensure that patients with acute trauma, perinatal, stroke, cardiac, or other time-sensitive disease processes are transported to the appropriate facility.</div> <div>2. There are differing triage criteria for acute trauma, pediatric, geriatric, perinatal, stroke, cardiac, and other time-sensitive disease processes used by prehospital providers. The appropriateness of triage criteria and subsequent transportation are not evaluated.</div> <div>3. Regional triage criteria for patients with acute trauma, pediatric, geriatric, perinatal, stroke, cardiac, and other time-sensitive disease processes are developed, approved by the EMS medical directors or advisory process, and implemented for a system approach.</div> <div>4. In addition to #3, the triage criteria are utilized by prehospital providers and monitored through the system performance improvement process.</div> <div>5. In addition to #4, the effectiveness of the triage criteria is evaluated through outcomes, transfers, and double transfers. These reports are generated quarterly and reviewed by the medical advisory process.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <p>17. PREHOSPITAL</p> <p>The region evaluates access to transportation resources and prehospital providers.</p> | <ol style="list-style-type: none"> 0. Not known 1. There is no coordination of transportation resources within the region. 2. There is a system in place for sending transportation resources to the scene. 3. System capabilities are sufficient to routinely evaluate the transport of the patient to the correct facility by the correct transportation mode within the right time. 4. In addition to #3, outcome data for review is available or developing. 5. In addition to #4, the system has developed quarterly reports to review the performance improvement initiative related to prehospital transport, including outcome reviews. | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <div>18. DEFINITIVE CARE FACILITIES</div> <div>The regional trauma and emergency health care system identifies and tracks the number, levels, and geographic location of designated facilities.</div> | <div>0. Not known</div> <div>1. There is no regional trauma and emergency health care system plan to identify and track the number, levels, and distribution of trauma centers for the system.</div> <div>2. The regional trauma and emergency health care system plan does not identify or track the number, levels, or distribution of designated facilities for the region.</div> <div>3. The regional trauma and emergency health care system plan uses national standards when available and regional information to identify and track the number, level of designation, and distribution of designated facilities within the region and integrates this information into the regional plan. For trauma designation, the American College of Surgeons’ Needs-Based Assessment of Trauma System (NBATS) Tool is used to assess the number of trauma centers needed per capita in the region.</div> <div>4. In addition to #3, this information is integrated into the regional trauma and emergency healthcare system plan.</div> <div>5. In addition to #4, this process evaluates rural facilities' access to timely transfer acceptance. This is monitored through the system performance improvement process.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <p>19. SYSTEM COORDINATION and PATIENT FLOW</p> <p>There are regional guidelines and expectations to expedite interfacility transfers of patients with acute trauma, pediatric, geriatric, maternal, neonatal, stroke, cardiac, events with life-threatening or limb-threatening injuries or disease, and other time-sensitive disease processes.</p> | <div> <div> <ol style="list-style-type: none"> 0. Not known 1. Regional processes to expedite interfacility transfers of acute patients are not in place. 2. The interfacility transfer guidelines and processes are defined by each facility, but no regional process is established. 3. Regional guidelines for interfacility transfer to expedite patients with acute trauma, pediatric, geriatric, maternal, neonatal, stroke, cardiac events, or other time-sensitive disease processes are established. 4. In addition to #3, these guidelines and processes are monitored through the system performance improvement process. 5. In addition to #4, the region has implemented a transfer coordinating center and measures to facilitate the sharing of patient images and patient records from the transferring facility to the receiving facility to expedite the accepting team’s decision-making. This may include telehealth and telemedicine capabilities. Software to track the transport agency’s location and estimated time of arrival at the transferring facility is in place and integrated into the transfer decision scheme. These guidelines are monitored through the system performance improvement process to evaluate transfer timeliness and transport appropriateness and monitor the “out of RAC” transfers. Performance improvement reports are shared quarterly with stakeholders. The medical advisory committee reviews all transfer delays. </div> <div> <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> </div> <div> <input type="checkbox"/> Corrective Action Plan or <input type="checkbox"/> Sharing the “Best Practice” </div> </div> |

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| <p>20. SYSTEM COORDINATION and PATIENT FLOW</p> <p>Specific populations that may have defined needs are identified for trauma, pediatric, geriatric, maternal, neonatal, perinatal, stroke, cardiac, and other time-sensitive disease processes in the regional plan. Examples of unique populations include but are not limited to bariatric, homeless, behavioral health, and the non-English speaking population in all geographic areas of the region, including the rural and remote areas.</p> | <p>0. Not known</p> <p>1. There has been no consideration of the specific needs of unique populations.</p> <p>2. The regional stakeholders have not prioritized the specific populations and their potential needs in the regional plan.</p> <p>3. The regional stakeholders have identified specific populations and defined if specific resources or guidelines are needed for routine response, and this is integrated into the trauma and emergency healthcare system plan.</p> <p>4. In addition to #3, there are identified measures to monitor the effectiveness of these resources or guidelines.</p> <p>5. In addition to #4, routine monitoring, review, and reporting of outcomes are integrated into the system performance improvement process and shared with stakeholders.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <div>21. PREVENTION, COALITION, and OUTREACH</div> <div>A written injury and disease prevention plan, evidence-based utilizing best practices, is implemented, including coordination with other agencies and community partners. The prevention programs are data-driven, targeting high-risk injuries and time-sensitive diseases guided by regional data, with consideration to shared risk and protective factors. Specific goals with measurable objectives are incorporated into the prevention plan, monitored routinely, and disseminated to stakeholders.</div> | <div>0. Not known</div> <div>1. There is no written plan for a coordinated injury and disease prevention program.</div> <div>2. There are multiple injury prevention and disease programs that may conflict with resources available or with the goals of the regional trauma and emergency health care system, or there is a lack of regional coordination.</div> <div>3. The regional trauma and emergency healthcare system plan includes written guidelines for targeted, coordinated, injury and time-sensitive disease prevention programs based on regional data with defined goals and measurable outcomes.</div> <div>4. In addition to #3, the written injury and time-sensitive disease prevention plan is implemented with regional and community stakeholder participation. These programs have regional support and may be integrated with established coalitions.</div> <div>5. In addition to #4, these programs have documented evaluation processes to define the effectiveness of the programs. The program outcomes are shared with regional stakeholders, public health, local officials, the business community stakeholders, and the department through the regional annual report. If coalitions are not in place for high-risk injuries or time-sensitive diseases, the RAC may consider developing a coalition to integrate with the community partners and other interested stakeholders.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <div>22. PREVENTION, COALITION, and OUTREACH</div> <div>The region conducts at least one interdisciplinary, prehospital, trauma, maternal, neonatal, stroke, cardiac, and emergency healthcare conference or educational case review annually designed to engage regional stakeholders, disseminate evidence-based practices, and focus on the system approach to patient care and improving community outcomes.</div> | <div>0. Not known</div> <div>1. There are no multidisciplinary conferences or educational case reviews conducted with the region.</div> <div>2. There are infrequent multidisciplinary educational opportunities provided by the region.</div> <div>3. A regional multidisciplinary conference or educational case review for prehospital, trauma, pediatric, geriatric, maternal, neonatal, perinatal, stroke, cardiac, or time-sensitive disease process educational opportunity is scheduled at least annually, with attendance monitored and reviewed. An alternate plan for the RAC is to support an educational lecture at another RAC’s conference or to share a list of all educational opportunities each quarter.</div> <div>4. In addition to #3, educational opportunities are defined through a needs assessment or stakeholder request or the system performance improvement process, and attendance is monitored.</div> <div>5. In addition to #4, these educational programs are inclusive to all healthcare stakeholders. Continuing education and continuing medical education credits are provided. If the RAC cannot support the educational opportunities, it is partnering with other RACs to provide educational opportunities or disseminate upcoming educational programs.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <p>23. REHABILITATION</p> <p>The regional system has incorporated rehabilitation resources into the system plan.</p> | <p>0. Not known</p> <p>1. The regional stakeholders have not integrated rehabilitation resources into the trauma and emergency healthcare system plan.</p> <p>2. The regional plan has incorporated rehabilitation programs, but rehabilitation specialists are not participating in the regional activities, only in the designated facilities.</p> <p>3. The regional plan has incorporated opportunities for rehabilitation facilities to participate in regional activities.</p> <p>4. In addition to #3, a regional rehabilitation specialist(s) is participating on the various committees.</p> <p>5. In addition to #4, there is evidence of a well-integrated system plan to include rehabilitation facilities in the regional system planning efforts, and rehabilitation facilities provide data on patient discharge functional outcomes for the regional annual report. Rehabilitation facilities participate in the system performance improvement process.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <p>24. EMERGENCY RESPONSE</p> <p>The regional leaders and stakeholders assist with sharing and disseminating local, regional, and state emergency response and preparedness initiatives and priorities within the RAC. RAC stakeholders are integrated into the emergency response training and educational opportunities through the identified Health Care Coalition.</p> | <p>0. Not known</p> <p>1. There is no evidence of a working relationship or the sharing of data between the RAC leadership, members, stakeholders, and other partners.</p> <p>2. The regional leadership collaborates with hospital preparedness stakeholders, including the department and the Health Care Coalition, other ESF agencies, and partners, but RAC members are not updated on planning, preparedness, and activities.</p> <p>3. The regional leaders disseminate planning and preparedness information and share the data and equipment tracking needs with the regional members and stakeholders in collaboration with the identified Health Care Coalition.</p> <p>4. In addition to #3, the regional leaders share information regarding public health surveillance data, public health threats, and emergency response needs with the regional stakeholders in collaboration with the Health Care Coalition.</p> <p>5. In addition to #4, the regional stakeholders continually assess resources, capabilities, and solutions to respond to the identified regional hazards, and share the status of needs with the regional stakeholders, public health, local officials, the business community stakeholders, the department, and the Health Care Coalition.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <p>25. EMERGENCY RESPONSE</p> <p>The RAC leaders share information with regional stakeholders to assist in completing a resource assessment of the system’s capabilities and capacity to expand for mass casualty incidents (MCIs) in an all-hazards approach.</p> | <div> <div> 0. Not known 1. A resource assessment of the regional system’s capabilities and capacity to expand its resources to respond to mass casualty incidents in an all-hazards approach has not been completed. 2. The RAC leaders and stakeholders complete a limited assessment of the system’s capabilities and capacity to expand resources to respond to a mass casualty incident in limited areas of the RAC. 3. The RAC leaders and stakeholders completed an assessment of the system’s capabilities and capacity to expand resources to respond to an all-hazard mass casualty incident for all areas of the region within the last twenty-four months. 4. In addition to #3, an assessment of the system’s capabilities includes medical reserve personnel, facility surge capacity plans, additional equipment, age-specific resources, caches, communication interoperability, and overall management structure to ensure integration with the local government and the emergency management district and EMTF teams. 5. In addition to #4, the region disseminates educational information to ensure stakeholders are trained and prepared to respond to no-notice events as well as events with notification. </div> <div> <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> </div> <div> <input type="checkbox"/> Corrective Action Plan or <input type="checkbox"/> Sharing the “Best Practice” </div> </div> |

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| <div>26. EMERGENCY RESPONSE</div> <div>The RAC leaders and stakeholders establish and implement system communications for an all-hazard response or a major EMS incident that are effectively coordinated.</div> | <div>0. Not known</div> <div>1. Guidelines for regional system communications in the event of an all-hazard incident are not in place.</div> <div>2. Local EMS systems have written procedures for EMS communications in the event of an all-hazards or major EMS incident. However, there is no coordination among the local jurisdictions or regional stakeholders.</div> <div>3. The regional leaders and stakeholders develop guidelines for implementing system communications for an all-hazard response or major EMS incident that are effectively coordinated with existing systems, processes, and plans.</div> <div>4. In addition to #3, the region facilitates a coordinated communications system with other jurisdictions and partners within the developed regional all-hazard response plan, following the incident management system and in collaboration with the Health Care Coalition.</div> <div>5. In addition to #4, the region develops communication system redundancies, and these communication procedures are regularly tested by regional stakeholders through simulated incident drills. Changes or revisions in the procedures are based on the outcomes of these drills. RAC leadership shares the findings of these drills with the regional stakeholders and Health Care Coalition.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <div>27. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT</div> <div>The regional trauma and emergency healthcare system plan has defined processes to support a regional system performance improvement plan that is supported by regional stakeholders through committee participation, sharing of requested data, and review of specific regional referrals. The system performance improvement plan defines the review process, including the identified opportunities for improvement. If the event has not been reviewed by a facility or EMS provider, the level of harm and level of review are defined. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution. An annual summary of the regional performance improvement process is shared with the regional stakeholders. The retrospective regional medical advisory process review of the established patient field triage and destination, communication, treatment, and transport are integrated with the regional performance improvement process.</div> | <div>0. Not known</div> <div>1. The region does not have a defined structure or procedures to support a regional performance improvement process.</div> <div>2. Elements of a regional system performance improvement process are established, but there are no formal procedures established.</div> <div>3. The regional leadership and stakeholders have developed and implemented a regional system performance improvement plan that is supported by the stakeholders, committee activities, sharing of requested data, and referral of specific events for regional review. The system performance improvement plan defines the review process, level of harm, and level of review to include the identified opportunities for improvement. All regional opportunities for improvement have a defined action plan, and the action plan is implemented and monitored to reach event resolution.</div> <div>4. In addition to #3, The regional performance improvement process reviews data and events specific to prehospital field triage and destination, communication, treatment, and appropriateness of transport mode; diversion hours; transfer process; out-of-RAC transfers; double transfers; transfer delays due to transport agency or facility acceptance; compliance to established regional evidence-based practice guidelines; patient outcomes; and membership participation criteria defined in the bylaw.</div> <div>5. In addition to #4, annual reports of the performance improvement activities are developed and shared with stakeholders, public health, local officials, community stakeholders, and the department.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |

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| <p>28. REGIONAL SYSTEM PERFORMANCE IMPROVEMENT</p> <p>The regional system performance improvement plan has standardized guidelines for the review of prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and other time-sensitive disease process patient outcomes for all ages and all areas of the region that align with the State System Performance Improvement Plan. These outcomes are compared and measured against known national outcomes when available.</p> | <div><div><div>0. Not known</div><div>1. The regional system does not have processes established to engage in performance reviews of patient care outcome data to evaluate its performance against national norms.</div><div>2. There is some standardized measurement of outcomes data for the region, but formalized processes are not in place.</div><div>3. The regional system performance improvement plan outlines standardized processes for reviewing prehospital, trauma, pediatric, geriatric, perinatal, stroke, cardiac, and other time-sensitive disease process outcomes and shares reports with appropriate committees.</div><div>4. In addition to #3, these system reports are used by the stakeholders to identify opportunities for regional improvement and develop action plans.</div><div>5. In addition to #4, the system improvements are monitored and reported through the regional annual performance improvement report and shared with stakeholders, public health, local government, community business stakeholders, and the department.</div></div><div><div>Score: _____</div><div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div><div>S – Specific details of the action</div><div>M – Must be measurable</div><div>A – Actions must be attainable and designed to improve processes</div><div>R – Relevant to the goals of the RAC</div><div>T – Must have a time defined to reach the goals</div><div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div></div><div><div><input type="checkbox"/> Corrective Action Plan or</div><div><input type="checkbox"/> Sharing the “Best Practice”</div></div></div> |

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| <p>29. DATA MANAGEMENT</p> <p>Data collection by the region through State EMS or Trauma Registry and/or regional databases or other data sources are utilized to develop data-driven regional goals with objectives that correlate with the regional system performance improvement plan.</p> | <p>0. Not known</p> <p>1. Regional data is not available through the state or a regional registry.</p> <p>2. There are limited mechanisms for data collection that can be accessed to provide timely data to assist with developing regional goals.</p> <p>3. The State EMS or Trauma Center Registry data for the region, regional data, and the regional self-assessment provide data to assist with developing goals with defined measurable objectives that support the regional performance improvement plan.</p> <p>4. In addition to #3, the data is used to evaluate the system performance and changes in trends and identify opportunities for improvements.</p> <p>5. In addition to #4, the region has guidelines in place to share unidentified data with committees and regional stakeholders. These reports are included in the annual regional strategic planning.</p> | <p>Score: _____</p> <p>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</p> <p>S – Specific details of the action</p> <p>M – Must be measurable</p> <p>A – Actions must be attainable and designed to improve processes</p> <p>R – Relevant to the goals of the RAC</p> <p>T – Must have a time defined to reach the goals</p> <p>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</p> | <p><input type="checkbox"/> Corrective Action Plan or</p> <p><input type="checkbox"/> Sharing the “Best Practice”</p> |

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| <div>30. REGIONAL RESEARCH & PUBLICATIONS</div> <div>The regional trauma and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in regional research or performance improvement projects.</div> | <div>0. Not known</div> <div>1. There is no evidence that regional data is available to support research projects.</div> <div>2. Data is available through the RAC, but it is sporadic and lacks current data, validation of data, and a coordinated effort to support research activities.</div> <div>3. The regional trauma and emergency health care system has developed mechanisms to engage the regional general membership and other system stakeholders in research projects. RAC leaders can demonstrate routine interface with the general medical community regarding trauma, prehospital, maternal, neonatal, stroke, and cardiac care updates and performance improvement initiatives.</div> <div>4. In addition to #3, research is a routine agenda item for the committee and general membership meetings.</div> <div>5. In addition to #4, a structured process to discuss regional research ideas and projects with the general membership and other system stakeholders in the region is documented and disseminated to stakeholders. Guidelines specifically addressing abstracts, presentations, and publications of research projects funded by the RAC are documented and shared with all stakeholders. All research projects and findings are reported through the RAC committees and general membership meetings before abstracts, presentations, and/or publications are completed.</div> | <div>Score: _____</div> <div>If a score of less than 3 is identified by the RAC stakeholders, the stakeholders must define a detailed action plan to improve the process and raise the assessment score to 3. The corrective action plan must be written in a “SMART” goal format.</div> <div>S – Specific details of the action</div> <div>M – Must be measurable</div> <div>A – Actions must be attainable and designed to improve processes</div> <div>R – Relevant to the goals of the RAC</div> <div>T – Must have a time defined to reach the goals</div> <div>If a score of “5” is defined by the RAC stakeholders, they will define the leaders and key factors that led to establishing the “best practice” and define measures to share these practices.</div> | <div><input type="checkbox"/> Corrective Action Plan or</div> <div><input type="checkbox"/> Sharing the “Best Practice”</div> |